



Arizona Department of Environmental Quality

Waste Programs Division

Solid Waste Section, Plan Review Unit

1110 West Washington Street, Phoenix, Arizona 85007

(602) 771-2300 • www.adeq.state.az.us

Application for Arizona Biohazardous Medical Waste Transporter Registration

Pursuant to the Arizona Administrative Code R18-13-1409, a biohazardous medical waste transporter shall obtain a medical waste transporter registration certificate from the Arizona Department of Environmental Quality before commencement of transport operation in the state.

Please read the information contained in the application and the attached Arizona Administrative Code R18-13-1409, Biohazardous Medical Waste Transporter Rules, before completing this transporter registration application.

The duly completed and signed Application for Arizona Biohazardous Medical Waste Transporter Registration and supporting documents must be submitted to the Department. Each page of supporting documents must be numbered and must carry a heading for easy identification. Any illustrations, photographs, newspaper/magazine advertisements etc. submitted with the application shall be legible and should be no smaller than 8.5 by 11 inches in size.

The Department shall review and approve or disapprove a biohazardous medical waste transporter registration application. If the application is approved, you are notified by first class mail of the initial five-year registration, which is subjected to re-registration for another five-year increment. If the application is denied, the department will list the basis of its decision. A denial is an appealable agency action.

For assistance or inquiries regarding biohazardous medical waste transporter registration process, please contact Environmental Program Specialist at (602) 771- 4120, or toll free in Arizona at (800) 234-5677, Ext. 771-4120.

1. Applicant Name:	Official Use only:	
2. Company Name:	Date Received	
3. Applicant Address: _____	Date Approved	
	Registration Number	
4. Company Street Address: _____ (If different from the above)		
5. Applicant and Company Telephone numbers: (a) _____ (b) _____		
6. Proposed Operational Areas/Counties: _____		

7. Title, Name, and Address of Company Contact/Authorized Agent: _____

Name: _____

Address: _____

Telephone: _____ Fax: _____

8. Names Addresses, and Telephone Numbers of Company's Legal Owners:

(If necessary attached additional sheets)

(1) _____

Telephone: _____

(2) _____

Telephone: _____

9. Attachments: (please Check, if applicable)

☐ Certificate of Disclosure (ARS § 49-109) or ☐ Acknowledgment that Certificate of Disclosure is not Required

☐ Copy of the Company's Tracking Document (if any)

☐ Copy of the Transportation Management Plan

☐ For each county you will be operating in, copies, permits, or approvals required by that county or other governmental or environmental agency with jurisdiction.

☐ Acknowledgment that, for each county you will be operating in, licenses, permits, or approvals are not required by that county or other governmental or environmental agency with jurisdictional.

10. Type and description of Transportation Vehicles: _____

Type and description of Cargo Compartment: _____

CERTIFICATION: I Certify under a penalty of law that I have personally examined and am familiar with the information submitted in, and attached to this form, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of civil penalties.

11. Signature:

12. Name (please print)

13. Date:
